

SES PROVIDER APPLICATION**Part B****PROVIDER SERVICE SUMMARY**

(This information will be available on-line to parents, schools, and the general public.)

PROVIDER INFORMATION

NAME OF PROVIDER: Brainfuse One-to-One Tutoring

MAILING ADDRESS: 271 Madison Avenue

CITY: New York

STATE: NY

ZIP CODE: 10016

PHONE NUMBER: (866) 272-4638

FAX NUMBER: (212) 504-8184

E-MAIL ADDRESS: Requests@brainfuse.com

PRIMARY CONTACT INFORMATION

NAME: Kris Lecciso

PHONE NUMBER: (303) 420-1177

E-MAIL ADDRESS: requests@brainfuse.com

SERVICES**Provider status—check all that apply:**

- ☒ For-profit organization
☐ Non-profit organization
☐ Faith-based organization

- ☐ School district
☐ School building
☐ Individual
☐ Other: _____

Areas to be served by provider:

- ☒ All school districts in Missouri
☐ Specific districts or counties. Please list: _____

Number of sessions per week: 2-3**Minimum/maximum numbers:**

Minimum number of students required before offering services: 2

Maximum number of students to be served at a session: 1

Cost per session: \$35-45.00**Proposed location of service delivery:**

- ☒ Student's school site (if negotiated with the district)
☐ Provider site
☒ Other--explain: Home computer with Internet access

If service delivery is not at the student's school, is transportation provided? If so, is there a separate fee?
(Note: Districts are not required to provide or pay for transportation).

No transportation provided.

Certification of instructors:

- ☐ Baccalaureate degree in education
☒ Baccalaureate degree in related field of instruction. Please list related field(s): Mathematics, English
☐ Reading Specialist
☐ Other: _____

Additional education and/or experience:

- ☒ Masters level degrees or above in either reading or mathematics
☐ Missouri teacher certificated/licensed teachers
☒ Experience teaching students with specific disabilities
☒ Experience teaching LEP students
☒ Ability to speak languages other than English. Please list: Spanish, Korean, Chinese, Russian
☐ Other: _____

Tutoring subjects available:

☒ Reading ☒ Writing ☒ Math

Grade Levels Served:

☐ K-2 ☒ 3-5 ☒ 6-8 ☒ 9-12

Title or description of tutoring curriculum utilized: Brainfuse One-to-One Tutoring

Time of Service:

☐ Before School
☒ After School
☒ Weekends
☒ Summer
☐ Other: _____

Mode of Instructional Delivery:

☒ Individual one-on-one tutoring
☐ Small group instruction (2 to 5 students)
☐ Large group instruction (6 to 10 students)
☒ On-Line/Web-based
☐ Other: _____

Specifics of reporting to parents & school (check all that apply):**Method:**

☒ letters
☒ phone calls
☐ conference with parents
☐ conference with parents & school
☐ other: _____

Frequency:

☐ weekly
☐ bi-monthly
☐ monthly
☒ other: every 15 sessions

Specific Student Populations Served:

If your organization has provided supplemental services to any of the following groups, please check the corresponding box.

☒ Low-income students
☒ Minority students
☒ Migrant students
☒ Limited English proficient students (LEP)
☒ Special education students

☐ Other—describe: _____

☐ Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.

Indicate subgroups: _____

Effectiveness:

Give a brief description of evidence you have that demonstrates effectiveness of your program/services. (This will be shared with parents).

Brainfuse significantly boosts test scores and improves classroom performance. Independent studies indicate that

students advance an average of one grade level after 30 tutoring sessions.